

# Montana Department of Agriculture – Organic Certification Program

## Livestock Addendum

Year: \_\_\_\_\_

APPLICANT(S)		
FARM, RANCH OR BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS
COUNTY (OR COUNTIES) WHERE FARM / RANCH IS LOCATED		MANAGER (IF DIFFERENT FROM THE APPLICANT)
ORGANIZATIONAL STRUCTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER:		TAX ID NUMBER OR SOCIAL SECURITY NUMBER

**Please complete this form and attach it to your Organic Production System Plan if you are requesting organic livestock certification. Complete all sections of the form, mark "Not Applicable" where appropriate. Failure to complete the form will delay processing your application for certification. Use additional sheets if necessary. Please contact the Montana Department of Agriculture (MDA) Organic Certification Program for additional forms or if you have any questions.**

**Select choice of certification.**

- ☐ I am requesting NOP certification only.
- ☐ I am requesting NOP certification plus European (EEC) regulations verification.
- ☐ I am requesting verification of other standards. \_\_\_\_\_ (Indicate standards desired for verification).

**Are you seeking certification for any slaughter or processing facilities?**      ☐ Yes    ☐ No

*If yes, you need to complete an Organic Handling System Plan and submit it with your Organic Production System Plan. Please call the MDA with questions or to obtain an Organic Handling System Plan form. All handling / processing facilities (on-farm or off-farm) must be certified if the final product will be labeled organic.*

**SECTION 1: Livestock Origin Information**

NOP Rule 205.236

**General requirements for livestock origin and management under the NOP:**

**All livestock, except poultry, dairy animals or breeder stock:**

Must be from livestock under continuous organic management from the last third of gestation or hatching.

**Poultry or edible poultry products:**

Must be from poultry that has been under continuous organic management beginning no later than the second day of life.

**Dairy animals:**

Milk or milk products must be from animals that have been under continuous organic management beginning no later than one year prior to the production of the milk or milk products that are to be sold, labeled, or represented as organic, except, that, when an entire, distinct herd is converted to organic production, the producer may:

- (i) For the first nine months of the conversion, provide a minimum of 80-percent feed that is either organic or raised from land included in the organic system plan and managed in compliance with organic crop requirements (transitional); and
- (ii) Provide feed in compliance with NOP Standard § 205.237 for the final three months.
- (iii) Once an entire, distinct herd has been converted to organic production, all dairy animals shall be under organic management from the last third of gestation.

**Breeder stock:**

Livestock used as breeder stock may be brought from a non-organic operation onto an organic operation at any time, Provided, that, if such livestock are gestating and the offspring are to be raised as organic livestock, the breeder stock must be brought onto the facility no later than the last third of gestation.

## Year: \_\_\_\_\_

**List all types of livestock on this farm / ranch:**

ATTACH ADDITIONAL SHEETS IF NEEDED.

[illegible]

## Year: \_\_\_\_\_

**Is certification requested for all livestock?**      ☐ Yes    ☐ No    *If yes, go to section 2. If no, complete table below:*

ATTACH ADDITIONAL SHEETS IF NEEDED.

**Do you have sufficient documentation (audit trail) to preserve the identity of all certified organic animals and animal products produced on the operation?** ☐ Yes ☐ No

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12/15/05

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### SECTION 2: Livestock Feed

NOP Rule 205.237

*Please fill out the table below with information regarding the livestock feed, feed additives and feed supplements including non-synthetic and synthetic substances. If livestock bedding is typically consumed by the animal species, include the bedding materials on this list. Include pasture, hay and forages, if applicable.*

ATTACH ADDITIONAL SHEETS IF NEEDED.

LIVESTOCK FEED	SOURCE	FEED TYPE (feed, additive, supplement, etc.)	CERTIFIER (if feed is organic)	ADDITIVES & SUPPLEMENTS STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)
				_____
				_____
				_____
				_____
				_____
				_____
				_____
				_____
				_____
				_____

For all restricted (R) feeds, indicate how you comply with the annotation for use:

Indicate the types(s) and identification of all animals fed non-organic feed or prohibited feed materials.

**Have you used any drugs or hormones to promote growth?**      ☐ Yes    ☐ No

If yes, please list product name(s) and type(s) and identification of livestock given the drug or hormone:

**Have you fed the livestock with any plastic pellets for roughage?**      ☐ Yes    ☐ No

If yes, please list type(s) and identification of livestock given plastic pellets:

**Have you fed the livestock with any formulas containing urea or manure?**      ☐ Yes    ☐ No

If yes, please list type(s) and identification of livestock given urea or manure:

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**SECTION 2: Livestock Feed, *continued***

**Have you fed mammalian or poultry slaughter by-products to any livestock?** ☐ Yes ☐ No

If yes, please list the specific product(s) fed and type(s) and identification of livestock fed mammalian or poultry slaughter by-products:

**Are there any water quality concerns (i.e. nitrate or coliform levels) regarding the livestock water?** ☐ Yes ☐ No

If yes, please describe the concern(s) and livestock type(s) involved:

*Attach water test results if available.*

For a dairy in transition, what date did you begin feeding 80% organic feed? ☐ Not applicable (not a dairy)

What date did you begin (or plan to begin) feeding 100% organic feed?

What date did you begin (or plan to begin) selling milk labeled organic?

**SECTION 3: Health Care Practice**

NOP Rule 205.238

Please list preventive livestock health care practices established and maintained in your operation. Indicate the type and identification of animals for each practice used.

**Have you performed physical alterations (castration, dehorning, debeaking, etc.) to your livestock?** ☐ Yes ☐ No

*If yes:*

Please list physical alterations, type and age of animals altered and reason(s) for alteration:

What methods do you use to minimize suffering (e.g., anesthetics)? ☐ Not Applicable (no physical alterations)

*Please list the vaccines administered to your livestock.* ☐ Not Applicable (no vaccines used) ATTACH ADDITIONAL SHEETS IF NEEDED.

VACCINE	BRAND	LIVESTOCK TYPE	DATE USED	REASON FOR USE

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### SECTION 3: Health Care Practice, *continued*

Please list the medications or treatments administered to your livestock.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not Applicable (no medications or treatments given)

MEDICATION	BRAND	LIVESTOCK TYPE	DATE USED	REASON FOR USE

Please list all prohibited materials used or planned for use (including emergency or sick animal treatments) and the type(s) of animal for each material.

☐ Not Applicable (no prohibited materials used or planned)

Please describe how animals treated with a prohibited material are segregated or otherwise identified as ineligible for sale or representation as certified organic.

*Have documentation available for inspection.*

☐ Not Applicable (no prohibited materials used or planned)

### SECTION 4: Living Conditions

NOP Rule 205.239

Please describe housing for each livestock type, including a description of the floor:

ATTACH ADDITIONAL SHEETS IF NEEDED.

**Do all livestock have access to outdoors, shade, shelter, exercise areas, fresh air and direct sunlight?**

☐ Yes   ☐ No

If no, list type of livestock and reasons for restricting access.

**Do ruminants have access to pasture?**

☐ Yes   ☐ No

☐ Not Applicable (no ruminants)

If animals are subject to temporary confinement, please list the reasons for the confinement for each type of animal:

☐ Not Applicable (animals are never confined)

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**SECTION 4: Living Conditions, *continued***

**Manure Management:**

**NOP Rule 205.239 C**

*The producer of an organic livestock operation must manage manure in a manner that does not contribute to contamination of crops, soil, or water by plant nutrients, heavy metals, or pathogenic organisms and optimizes recycling of nutrients.*

How is the manure managed in the operation (storage, treatment, collection, utilization and / or disposal)?

If manure is applied to land, indicate the time(s) of year, rate(s) of application and field numbers / identification where manure is applied.

**SECTION 5: Affirmation**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any livestock proposed for certification. I understand that the operation may be subject to unannounced inspection and / or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Montana Department of Agriculture Organic Certification Program. I agree to follow the NOP Rule and all other program rules as provided with the application.

**Signature of Applicant** \_\_\_\_\_ **Date of submission**\_\_\_\_\_

**I have attached the following documents:**

- ☐ Maps of all pastures and livestock facilities (showing adjoining land use, buffers and field identification)
- ☐ Documentation (PLMA's) for pastures owned or rented for less than three years, if applicable
- ☐ Water test, if applicable
- ☐ Input, feed, and supplement product labels, including ingredient lists
- ☐ Organic product labels, if applicable
- ☐ other (specify)
- ☐
- ☐
- ☐ I have made copies of this questionnaire and other supporting documents for my own records.

***Attach this form to your Organic Production System Plan***